

County: Winnebago
 PARK VIEW HEALTH CENTER - PLEASANT ACRES
 725 BUTLER AVENUE, P. O. BOX 10
 WINNEBAGO 54985 Phone: (920) 235-5100

Facility ID: 9510

Page 1

Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 113
 Total Licensed Bed Capacity (12/31/01): 115
 Number of Residents on 12/31/01: 113

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 110

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No					1 - 4 Years	33.6		
Supp. Home Care-Personal Care	No					More Than 4 Years	37.2		
Supp. Home Care-Household Services	No	Developmental Disabilities	1.8	Under 65	10.6		29.2		
Day Services	No	Mental Illness (Org./Psy)	30.1	65 - 74	7.1		-----		
Respite Care	No	Mental Illness (Other)	8.8	75 - 84	35.4		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	38.1	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	4.4	95 & Over	8.8	Full-Time Equivalent			
Congregate Meals	No	Cancer	1.8		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	9.7		100.0	(12/31/01)			
Other Meals	No	Cardiovascular	9.7	65 & Over	89.4	-----			
Transportation	No	Cerebrovascular	8.0		-----	RNs		19.6	
Referral Service	No	Diabetes	3.5	Sex	%	LPNs		2.7	
Other Services	Yes	Respiratory	8.0		-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	14.2	Male	23.9	Aides, & Orderlies			
Mentally Ill	No		-----	Female	76.1				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care							
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	6	6.3	118	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	5.3
Skilled Care	8	100.0	312	87	90.6	100	0	0.0	0	9	100.0	137	0	0.0	0	0	0.0	0	104	92.0
Intermediate	---	---	---	3	3.1	83	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		96	100.0		0	0.0		9	100.0		0	0.0		0	0.0		113	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				

Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	6.9	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	2.3	Bathing	3.5	60.2	36.3	113
Other Nursing Homes	10.3	Dressing	15.0	53.1	31.9	113
Acute Care Hospitals	77.0	Transferring	23.9	44.2	31.9	113
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	23.9	41.6	34.5	113
Rehabilitation Hospitals	0.0	Eating	43.4	37.2	19.5	113
Other Locations	3.4	*****				
Total Number of Admissions	87	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	8.0	Receiving Respiratory Care		17.7
Private Home/No Home Health	6.0	Occ/Freq. Incontinent of Bladder	34.5	Receiving Tracheostomy Care		0.9
Private Home/With Home Health	9.5	Occ/Freq. Incontinent of Bowel	20.4	Receiving Suctioning		0.9
Other Nursing Homes	15.5			Receiving Ostomy Care		8.8
Acute Care Hospitals	17.9	Mobility		Receiving Tube Feeding		6.2
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	1.8	Receiving Mechanically Altered Diets		27.4
Rehabilitation Hospitals	0.0					
Other Locations	6.0	Skin Care		Other Resident Characteristics		
Deaths	45.2	With Pressure Sores	1.8	Have Advance Directives		60.2
Total Number of Discharges (Including Deaths)	84	With Rashes	5.3	Medications		
				Receiving Psychoactive Drugs		57.5

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Government Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.7	81.4	1.17	83.8	1.14	84.3	1.13	84.6	1.13
Current Residents from In-County	93.8	84.1	1.12	84.9	1.11	82.7	1.13	77.0	1.22
Admissions from In-County, Still Residing	39.1	32.4	1.21	21.5	1.82	21.6	1.81	20.8	1.88
Admissions/Average Daily Census	79.1	64.0	1.24	155.8	0.51	137.9	0.57	128.9	0.61
Discharges/Average Daily Census	76.4	66.7	1.14	156.2	0.49	139.0	0.55	130.0	0.59
Discharges To Private Residence/Average Daily Census	11.8	19.2	0.61	61.3	0.19	55.2	0.21	52.8	0.22
Residents Receiving Skilled Care	97.3	85.0	1.14	93.3	1.04	91.8	1.06	85.3	1.14
Residents Aged 65 and Older	89.4	84.3	1.06	92.7	0.96	92.5	0.97	87.5	1.02
Title 19 (Medicaid) Funded Residents	85.0	77.7	1.09	64.8	1.31	64.3	1.32	68.7	1.24
Private Pay Funded Residents	8.0	16.8	0.47	23.3	0.34	25.6	0.31	22.0	0.36
Developmentally Disabled Residents	1.8	3.2	0.55	0.9	2.01	1.2	1.50	7.6	0.23
Mentally Ill Residents	38.9	56.2	0.69	37.7	1.03	37.4	1.04	33.8	1.15
General Medical Service Residents	14.2	15.4	0.92	21.3	0.67	21.2	0.67	19.4	0.73
Impaired ADL (Mean)	54.5	49.2	1.11	49.6	1.10	49.6	1.10	49.3	1.11
Psychological Problems	57.5	65.9	0.87	53.5	1.07	54.1	1.06	51.9	1.11
Nursing Care Required (Mean)	8.6	7.6	1.14	6.5	1.33	6.5	1.32	7.3	1.18